

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/323, 993

FILING DATE

06-02-99

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		2				
4		2				
5		1				
6		1				
7		1				
8		3				
9		3				
10		3				
11		3				
12		3				
13	1					
14		1				
15		2				
16		2				
17		1				
18		1				
19		1				
20		3				
21		3				
22		3				
23		3				
24		3				
25	1					
26		1				
27		2				
28		2				
29		1				
30		1				
31		1				
32		3				
33		3				
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48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	69					
TOTAL CLAIMS	72					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						